

12/18/2013

00:50

(852)01440

LAZARUS CORPORATE

PAGE 1/82

P2400006315

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000416326 3)))



H240004163263ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN
MEDICAL CARE SOLUTIONS OR INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00



SEAL OF THE FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

2024 DEC 19 PM 1:26

2024 DEC 19 PM 1:19

FILED

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

K. Hester
12/20/24

Articles of Amendment
to
Articles of Incorporation
of

MEDICAL CARE SOLUTIONS OR INC

Florida Document Number: P24000066345

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

~~REMOVED— OSMANI RAMON REYES VARELA~~

ADD PRESIDENT & R.A. RICARDO EMILIO PRESAS 111 NE 183RD ST STE 108 MIAMI, FL 33169

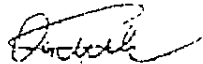
ADD TAX ID — 33-1665940

REMOVED PRINCIPAL ADDRESS AND MAILING ADDRESS 111 NE 183RD ST STE 106 MIAMI, FL 33169

ADD PRINCIPAL ADDRESS AND MAILING ADDRESS 111 NE 183RD ST STE 108 MIAMI, FL 33169

These articles of amendment were adopted on 12/18/2024

The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval.

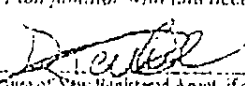

Signature

OSMANI RAMON REYES VARELA (P)

Printed Name and Title

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent, I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

FILED
2024 DEC 19 PM 1:26
CLERK OF STATE
TALLAHASSEE, FL